

## 2024 대한부인회 청소년 아카데미 등록 안내 2024 KWA Youth Academy Information

- 기간 (Date) : 2024 년 7 월 22 일 (월) – 7 월 26 일 (금)
- 시간 (Time) : 오전 10 시 – 오후 3 시 (10 AM – 3 PM)
- 장소 (Place) : 대한부인회 평생교육원  
KWA Lifelong Learning Center  
3625 Perkins Ln SW, Lakewood, WA 98499
- 등록문의 (Contact) : Sarah Kim, LLC Coordinator (김사라)  
253-330-2288, sakim@kwacares.org
- 대상 (Grades) : 5 학년부터 9 학년까지 (선착순 40 명)  
5<sup>th</sup> to 9<sup>th</sup> grade (2024-25 school year)
- 수업료 (Cost) : \$80 (점심 포함 Includes lunch)
- 스케줄 (Schedule) : 10-11 AM 영어 Language  
11-12 PM 수학 Math  
12-1 PM 점심과 자유시간 Lunch & Free Time  
1-2 PM 선택 과목 1 Elective 1  
2-3 PM 선택 과목 2 Elective 2  
미술과 서예 수업은 1 시부터 3 시 사이에 진행됩니다. Art and Korean Calligraphy will be held from 1-3 PM.
- 선택 과목 (Electives) : Bass (베이스), Drums (드럼), Guitar (기타), Ukulele (우쿨렐레), Jump Rope (줄넘기), Table Tennis (탁구), Chinese Characters (한문), Art (미술), Korean Calligraphy (서예)

**2024 대한부인회 청소년 아카데미 입학원서**  
**2024 KWA Youth Academy Registration**  
**& Medical & Liability Release Consent Form**

**Student Name:** \_\_\_\_\_ **Gender:** M / F  
Last First Middle

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Grade:** (Fall 2024) \_\_\_\_\_ **T-shirt size:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Insurance Co.:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Care Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\* Any allergies to medicine or food:

\_\_\_\_\_  
\* Any prescribed medicine(s) that the student will need to take:

\_\_\_\_\_  
\* Any medical condition(s) or other concerns:

\_\_\_\_\_  
I, the undersigned parent/legal guardian of the above-named minor student ("**Student**"), do hereby give permission for the Student to attend and participate in the 2024 KWA Youth Academy ("**Youth Academy**") hosted by Korean Women's Association Lifelong Learning Center. In consideration for the Student's participation in the Youth Academy, I do hereby release, forever discharge and agree to hold harmless and indemnify Korean Women's Association, its directors, employees, volunteers and agents (collectively "KWA") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Student while participating in the Youth Academy. I accept and assume all such known and unknown risks. I assume all responsibility for losses, costs, and damages following injury, disability, paralysis, or death, even if caused by the negligence of KWA. The undersigned do hereby authorize KWA as agents for the undersigned, to make decisions concerning the health and general welfare of the Student, to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the Student which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician and surgeon or any licensed dentist at a hospital or any care facility. This authorization will remain effective while the above minor is in the care of KWA during the Youth Academy (July 22-July 26, 2024), held at Korean Women's Association Headquarters, 3625

Perkins Ln SW, Lakewood, WA 98499. I additionally give permission for KWA to publish and use photographs or video of my youth for KWA's marketing efforts, including but not limited to press release, website, and newsletters. By signing below on my own behalf and on behalf of the Student, I attest that I have read and understood this consent, release of liability and indemnification agreement.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Cost \$80**

**Paid \$** \_\_\_\_\_ **by:** Check \_\_\_ Cash \_\_\_ **on** \_\_\_/\_\_\_/2024 **Rec'd by** \_\_\_\_\_